

NERVOUS DISORDERS AND SECONDARY SYPHILIS; HYSTERIA; EPILEPSY; NEUROSES OF THE SYMPATHETIC. Prof. Fournier (*Journal de Méd.*, p. 202, 1888).

Secondary syphilis incontestibly has a modifying or productive influence upon various neuroses.

Hysteria which for a long time has been dormant is often reproduced by the syphilitic virus.

Epileptic attacks also become more frequent under its influence.

Can secondary syphilis primarily produce these disorders? As far as hysteria is concerned, this is certain. Hysteria is often seen to occur for the first time simultaneously with syphilis, occasionally in persons hitherto normal, generally in those of a neuropathic constitution. These disorders are usually hysteroid, and not true hysterics, and disappear with the cure of the syphilis. There are exceptional cases, in which the secondary syphilitic stage is characterized by the occurrence of epileptic phenomena.

Cases are also mentioned which show the occurrence of true epileptic attacks coincident with the occurrence of the secondary symptoms, and which disappeared with the cure of the syphilis. Under these conditions only "grand-mal" occurs, never "petit-mal," and mental symptoms are never observed. The prognosis is good, and the treatment that of the primary disorder.

The sympathetic system may be influenced in various ways by secondary syphilis. Caloric disorders occur either as localized or general coldness. Coldness of the extremities, of one arm or leg, may prove sufficiently annoying to prevent the patient from working. Continuous chilly feeling without increase of temperature is frequent. These disorders are generally tenacious, and last from five to six weeks or even several months.

The viscera may also be affected, and visceral neuroses produced. Dyspnœa, occurring in attacks and lasting several minutes, is rare. Palpitation of the heart with precordial oppression occurs more frequently. Irregularity of the heart's action is also encountered. Disorders of the digestive system are much more frequent, particularly in women.

The gastralgie and dyspeptic occurrences show nothing of particular interest. In certain cases the syphilis produces vomiting analagous to the vomiting of pregnancy. This may be coincident with the gastralgia, or there is gastric intolerance without pain in which everything is rejected by the stomach. Comple anorexia, similar to hysterical anorexia, also occurs. In such cases inunctions must be employed. In contradistinction to anorexia, bulimia occurs in the early part of the secondary stage. The duration of the latter disorder varies from a few weeks to several months, and is generally the sign of a severe form of secondary syphilis. The specific treatment must be energetically pushed. Hydrotherapy is also of value.

G. W. J.

ETIOLOGY OF BASEDOW'S DISEASE. Société Médicale des Hôpitaux, meeting of May 14th, 1888 (*Gazette des Hôpitaux*, p. 519, 1888).

Rendu relates the history of a patient who has been under observation for ten years. A young woman, æt. 28, always well until her eighteenth year, when she became chlorotic, with severe cardiac palpitations, vertigo, and symptoms of cerebral anæmia. Under treatment she improved, then married and had two children. Severe domestic troubles. In the spring of 1877, shortness of breath in ascending stairs, pain in walking, and severe pains in the shoulder; angina pectoris; frequent attacks during five to six days. Rendu prescribed iodide of potassium, two grammes daily. She improved greatly, but presented symptoms of iodism; became loquacious; complained continually of feeling too warm, and showed generalized symptoms of arterial excitement. Soon all the symptoms of Basedow's disease appeared, minus the goitre. Rendu believes that in this case there is a relation between the administration of the iodide and the appearance of Basedow's disease.

G. W. J.

HYPNOTISM AT THE NANCY SCHOOL. Dr. Bernheim (*Gazette des Hôpitaux*, p. 337, 1888).

The Nancy doctrine of the phenomena of hypnotism has so frequently been misrepresented that B. here gives the